**PBA: Upper GI - Gastrojejunostomy for gastric outlet obstruction**

**PROCEDURE-BASED ASSESSMENT IN GENERAL SURGERY**

***Important Note:*** *Trainees are required to submit* ***only one of the 4 PBAs*** *in* ***Emergency Upper GI Surgery*** *and* ***Breast Cancer Surgery****. The minimum number of PBAs to be submitted is 8 during the 4-year training period. Repetition of PBA in Emergency Upper GI Surgery and Breast Cancer Surgery category is allowed only when the minimum number of PBAs has been achieved.*

|  |  |  |
| --- | --- | --- |
| Trainee: | Assessor: | Date: |
| Hospital: | Surgery: | Duration: |
| Operation more difficult than usual? Yes / No (If yes, state reason) | | |

***Feedback***

*Verbal and written feedback is a mandatory component of this assessment. Please use this space to record areas of strength and suggestions for development which were highlighted during discussion with the trainee.*

|  |  |
| --- | --- |
| **TRAINEE’S REFLECTIONS** | |
| Trainee’s reflections on this activity |  |
| What did I learn from this experience? |  |
| What did I do well? |  |
| What do I need to improve or change?  How will I achieve it? |  |
| Trainee’s comments |  |

|  |  |
| --- | --- |
| **ASSESSOR’S FEEDBACK** | |
| General |  |
| Strengths |  |
| What did the trainee do well? |  |
| Development needs |  |
| Recommended actions |  |

***Rating***

*N=Not observed / I=Improvement required / S=Satisfactory / A=Above Average / E=Excellent / NA=Not applicable*

|  |  |  |  |
| --- | --- | --- | --- |
| Competencies | | Rating  N / I / S / A / E / NA | Comments |
| I. | **Pre-operative planning** |  |  |
| 1 | Clinical diagnosis |  |  |
| 2 | Radiological diagnosis |  |  |
| 3 | Endoscopic diagnosis |  |  |
| 4 | Histological diagnosis |  |  |
| 5 | Check records |  |  |
| 6 | Review indication for operation |  |  |
| 7 | Review significant medical diseases and medications |  |  |
| 8 | Briefing with anaesthetist including need for ICU bed |  |  |
|  |  |  |  |
| II. | **Pre-operative preparation** |  |  |
| 1 | Consent (explain alternatives) |  |  |
| 2 | IV fluid replacement |  |  |
| 3 | Nutritional support |  |  |
| 4 | Gastric decompression |  |  |
| 5 | Antibiotics |  |  |
| 6 | Other appropriate medications |  |  |
| 7 | Check equipment requirement |  |  |
|  |  |  |  |
| III. | **Intra-operative technique** |  |  |
| 1 | Time out |  |  |
| 2 | Incision |  |  |
| 3 | Port siting |  |  |
| 4 | Entry into abdomen |  |  |
| 5 | Wound protection |  |  |
| 6 | Exposure |  |  |
| 7 | Tissue handling |  |  |
| 8 | Pathology identification |  |  |
| 9 | Specimen handling |  |  |
| 10 | Identification of DJ junction |  |  |
| 11 | Preparation of proximal jejunum |  |  |
| 12 | Application of stay stitches |  |  |
| 13 | Making enterotomies |  |  |
| 14 | Control of GI content |  |  |
| 15 | Use of stapling device |  |  |
| 16 | Suturing technique (closure of enterotomy) |  |  |
| 17 | Knot typing |  |  |
| *a.* | *Open* |  |  |
| *b.* | *Intra-corporal* |  |  |
| 18 | Checking for bowel orientation |  |  |
| 19 | Checking for bowel tension |  |  |
| 20 | Checking for anastomosis |  |  |
| 21 | Hemostasis |  |  |
| 22 | Conversion to open: |  |  |
| *a.* | *Appropriateness* |  |  |
| *b.* | *Timeliness* |  |  |
| 23 | Closure of wound |  |  |
| 24 | Use equipment appropriately |  |  |
| 25 | Appropriate instructions to assistants |  |  |
| 26 | Communication with scrub nurse |  |  |
| 27 | Communication with anaesthetist |  |  |
| 28 | Change plan |  |  |
| 29 | Ask for help |  |  |
|  |  |  |  |
| IV. | **Post-operative management** |  |  |
| 1 | Sign out |  |  |
| 2 | Operation record |  |  |
| 3 | Recovery room transfer |  |  |
| 4 | Specimen examination and handling |  |  |
| 5 | Maintains a good rapport with patient and relative, willing to communicate with them the progress and answering their questions; full explanation of the pathologic finding and appropriate referral to other specialties if necessary |  |  |

**N.B.** *\*Assessors are normally trainers, associate consultants, consultants or professor.*

*\*The trainee should explain what he / she intends to do throughout the procedure. The Assessor should provide verbal advice if required, and intervene if patient safety is at risk.*

***\*Please TURN OVER the page to continue.***

***Overall Rating*** *(tick as appropriate)*

|  |  |  |
| --- | --- | --- |
| Level 1 – Can do with assistance | 🞎 | Comments: |
| Level 2 – Competent to do independently | 🞎 |  |
| Level 3 – Manage to complete complex case | 🞎 |  |
| and deal with complications |  |  |

***Signatures***

|  |  |
| --- | --- |
| Trainee: | Assessor: |